NURSING HOME MODIFICATION- ALTERNATIVE USE BED BANKING NOTICE

FOR DEPARTMENT USE ONLY				
Date Stamp Here				
Fee Received: Check #:				
Initials				

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Modification-Alternate Use Bed Banking notices must be submitted in accordance with WAC 246-310-395.

VVAC 240-310-393.		
provisions in RCW 70.38 and WAC 246-310-395,	me Bed Banking for Alternative Use in accordance with rules and regulations adopted by the Washington State atements made in this notice are correct to the best of my	
Name of the Nursing Home (facility)		
Name of the facility's Licensee		
Print Name of person making the request	Telephone Number	
Title of person making the request	Relationship to licensee	
statements or misleading statements regardi	ession of material facts, misrepresentation, false ing any of the information contained in this notice ons of WAC 246-310-500 and forfeiture of the beds.	
Signature of Licensee	Date	
Address:		

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WASHINGTON STATE CERTIFICATE OF NEED PROGRAM RCW 70.38 AND WAC 246-310

ALTERNATIVE USE BED BANKING-MODIFCATION

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Please note the following definition:

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

Information Requirements:

- 1. For the entire facility, please provide a <u>current</u> facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
- 2. For the entire facility, please provide a floor diagram of the <u>current</u> facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE**: The diagrams provided must be clearly readable.
- 3. For the entire facility, please provide a **modified** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
- 4. For the entire facility, please provide a floor diagram of the <u>modified</u> facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE**: The diagrams provided must be clearly readable.
- 5. Please complete the table on the following page for the modifications to the beds banked. Note that the purpose of the bed banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

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Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Change In Proposed Bed Banking	# of Beds Remaining in Room (if any)
Total				<u> </u>
Total				<u> </u>

By submitting this modification notice, I understand that the modification of the bed/room use does not change the expiration date of either the initial bed banking approval or any extension.

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